

CONTRACTOR'S QUALIFICATIONS AND FINANCIAL INFORMATION

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SECTION I - GENERAL INFORMATION

1A. NAME Blue Construction Services			2. TYPE OF ORGANIZATION (Check one)		
			A. SOLE PROPRIETORSHIP		X F. LIMITED LIABILITY COMPANY
1B. STREET ADDRESS 735 Vanderbilt Terrace SE			B. GENERAL PARTNERSHIP		G. JOINT VENTURE
			C. LIMITED PARTNERSHIP		H. TRUST
1C. CITY Leesburg	1D. STATE VA	1E. ZIP CODE 20175	D. CORPORATION		I. OTHER (Specify below)
			E. SUBCHAPTER S CORPORATION		
3. TAXPAYER ID NUMBER 81-5312089			4. DATE ORGANIZATION ESTABLISHED 02/10/2017		5. STATE OF INCORPORATION VA
6. TRADE STYLE NAME (Provide a copy of filing)			7. KIND OF PRODUCT OR SERVICE PROVIDED Services		
8. FORMER BUSINESS NAME			10. INVENTORY VALUATION METHOD		
			A. LIFO		C. AVERAGE COST
9. KIND OF BUSINESS					D. OTHER (Specify)
A. MANUFACTURER		D. RETAILER			
X B. CONTRACTOR		E. OTHER (Specify)	B. FIFO		
C. WHOLESALE					

11. OWNERSHIP INFORMATION-PARTNERS-PRINCIPAL STOCKHOLDERS-OTHERS

NAME	TITLE (If partner, state G(General) or L(Limited) in column)		PERCENT BUSINESS OWNED
	ACTUAL TITLE	G OR L	
September Blue	President		100

12. PARENT COMPANY (If applicable)		13. IF "YES" TO ANY QUESTION BELOW, PROVIDE DETAILED INFORMATION IN SECTION VIII, REMARKS		YES	NO
A. NAME		A. HAVE YOU, OR ANY OF YOUR AFFILIATES EVER FILED FOR BANKRUPTCY?			
		B. DO YOU HAVE ANY JUDGMENTS, LIENS, OR PENDING SUITS?			
B. CITY		C. STATE	C. DO YOU HAVE ANY CONTINGENT LIABILITIES?		
			D. HAVE YOU OR ANY OF YOUR AFFILIATES DISCONTINUED BUSINESS OPERATIONS WITH OUTSTANDING DEBTS?		

SECTION II - GOVERNMENT FINANCIAL AID AND INDEBTEDNESS

14A. ARE YOU DELINQUENT ON ANY FEDERAL DEBT (OMB CIRCULAR A-129) (If "Yes", provide detailed information, Section VIII, Remarks)						<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
14B. DO YOU OWE THE GOVERNMENT FOR ANY CONTRACT OR OTHER CLAIMS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF "YES", COMPLETE THE ITEMS BELOW						
	AGENCY	CLAIM AMOUNT	PAYMENT	MATURITY	BALANCE		
15A. AGENCY INVOLVED WITH DELINQUENCY					15B. AMOUNT OF DELINQUENCY (\$)		
16. ARE YOU CURRENTLY RECEIVING GOVERNMENT FINANCING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Go to Section III)	17. COMPLETE ITEMS BELOW IF APPLICABLE						
	TYPE OF FINANCING	AUTHORIZED (\$)	IN USE (\$)	GOVERNMENT AGENCY INVOLVED			
	A. INDUSTRIAL REVENUE BONDS						
	B. GUARANTEED LOANS						
	C. ADVANCED PAYMENTS						
	D. PROGRESS PAYMENTS						
	E. OTHER (Specify)						

SECTION III - FINANCIAL STATEMENTS

Prepared Financial Statements **with notes** may be provided in lieu of completing Section III

When financial statements are prepared or certified by independent accountants and transcribed to this form, please furnish the name and address of accountant of accounting firm.

18. ARE YOU THE INCUMBENT CONTRACTOR FOR THIS SOLICITATION?

☐ YES

☐ NO

19A. NAME

(b) (6) /Comprehensive Financial Solutions

19B. STREET ADDRESS

2619 Armada Street

19C. CITY

Herndon

19D. STATE

VA

19E. ZIP CODE

20171

20. IF TRANSCRIBED STATEMENTS DIFFER FROM INDEPENDENT ACCOUNTANT'S, PLEASE DESCRIBE ADJUSTMENT IN SECTION VII, REMARKS. ALL OF THE LISTED FIGURES ARE:

ACTUAL

U.S. DOLLARS

IN THOUSANDS

FOREIGN CURRENCY (Specify)

IN MILLIONS

21. BALANCE SHEET AS OF (Month, Day, Year)

10/31/2019

22. FISCAL YEAR ENDS (Month, Day, Year)

12/31/2019

23. PREPARED STATEMENTS

☒ ARE ATTACHED

24. ASSETS

A. Current Assets

Cash	(b) (4)
Short Term cash investments	
Accounts receivable, less allowance for doubtful accounts of \$	
Inventories	
Other current assets (Itemize below)	
Prepaid	
Earnings in Excess of Billing	
Total Current Assets	

B. Property, Plant and Equipment

Land	(b) (4)
Buildings and equipment	
Leasehold improvements	
Less accumulated depreciation and amortization	
Total Property, Plant and Equipment	

C. Other Assets

Investments in and advance to affiliated company	(b) (4)
Goodwill, less amortization	
Due from officer, employee	
Other (Itemize below)	
Deposits	
Total Other Assets	

D. TOTAL ASSETS

25. LIABILITIES AND NET WORTH

A. Current Liabilities

Accounts payable	(b) (4)
Notes payable (current)	
Current portion of long term debt	
Accrued expenses	
Accrued taxes on income/excess profits	
Other current liabilities (Itemize below)	
Credit Card	
Billing in Excess of Cost	
Total Current Liabilities	

B. Other Liabilities

Mortgages	(b) (4)
Bonds	
Deferred income taxes	
Other long term debt	
Total Other Liabilities	

Total Liabilities

C. Minority Interest in Subsidiary

D. Net Worth

Preferred stock	(b) (4)
Common stock	
Additional paid-in capital	
Retained earnings/owner's equity	
Less, Treasury stock	
Total Net Worth	

E. TOTAL LIABILITIES AND NET WORTH

SECTION IV - INCOME STATEMENT

26. FROM (Month, Day, Year)

01/01/2019

27. TO (Month, Day, Year)

10/31/2019

28. INCOME

A. Net Sales

Cost and Expenses	(b) (4)
Cost of Goods Sold	
Depreciation and Amortization	
Selling, General, and Admin. Expenses	
Interest Expense	
Other Expenses (Itemize below)	

Minority Interest in Earnings of Subsidiaries

Total Costs and Expenses

Earnings Before Taxes
Taxes on Income
Income Before Extraordinary Items
Extraordinary Gains (Losses) Net of Taxes

NET INCOME (LOSS)

(b) (4)

SECTION V - BANKING AND FINANCE COMPANY INFORMATION
(Please attach a separate sheet using this format for any additional banks.)

ITEM	BANK 1				BANK 2		
29. Name of Bank	Bank of America (b) (4)						
30. Contact Person	Tasneem Mamoowalla						
31. Phone Number	AREA CODE 703	NUMBER 674.2447	EXTENSION		AREA CODE	NUMBER	EXTENSION
32. Fax Number	AREA CODE	NUMBER			AREA CODE	NUMBER	
33. Address	STREET ADDRESS 11900 Baron Cameron Avenue				STREET ADDRESS		
	CITY Reston	STATE VA	ZIP CODE 20190		CITY	STATE	ZIP CODE
34. Amount Owning (\$)	0						
35. Term Loans	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
36. Line of Credit	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
37. Maximum Amount Authorized (\$)							
38. Amount Outstanding (\$)							

39. Loans Secured by Company's Assets - Real and Personal Property

A.	SECURED PARTY NAME		CONTACT NAME				
	STREET ADDRESS		CITY		STATE	ZIP CODE	
	SECURING ASSETS			MATURITY DATE	MONTHLY PAYMENT (\$)		
B.	SECURED PARTY NAME		CONTACT NAME				
	STREET ADDRESS		CITY		STATE	ZIP CODE	
	SECURING ASSETS			MATURITY DATE	MONTHLY PAYMENT (\$)		
C.	SECURED PARTY NAME		CONTACT NAME				
	STREET ADDRESS		CITY		STATE	ZIP CODE	
	SECURING ASSETS			MATURITY DATE	MONTHLY PAYMENT (\$)		
D.	SECURED PARTY NAME		CONTACT NAME				
	STREET ADDRESS		CITY		STATE	ZIP CODE	
	SECURING ASSETS			MATURITY DATE	MONTHLY PAYMENT (\$)		

40. ARE ANY OF THE ASSETS SHOWN ON THE BALANCE SHEET PLEDGED OR MORTGAGED, EXCEPT AS STATED ABOVE?	41A. IF CONTRACTOR IS A PARTNERSHIP OR SOLE PROPRIETORSHIP, ARE THE INDIVIDUAL LIABILITIES OF THE PROPRIETOR(S) FOR FEDERAL AND STATE INCOME AND/OR EXCESS PROFIT TAXES INCLUDED ON THE BALANCE SHEET?	41B. TOTAL LIABILITY (\$)
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Explain in Section VII, Remarks)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
42. ARE YOU NOW IN OR PENDING DEFAULT ON ANY OBLIGATIONS, I.E., BANKS, FINANCIAL INSTITUTIONS, SUPPLIERS, OTHER?		
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Provide detailed information in Section VII, Remarks)		

SECTION VI - PRINCIPAL MERCHANDISE OR RAW MATERIAL SUPPLIER INFORMATION*(Please attach separate sheet(s) using this format for additional suppliers.)*

43. PAST DUE ACCOUNTS PAYABLE (\$)

0

ITEM	44. SUPPLIER 1				45. SUPPLIER 2		
A. Name of Supplier							
B. Contact Person							
C. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION	
D. Fax	AREA CODE	NUMBER		AREA CODE	NUMBER		
E. Address	STREET ADDRESS			STREET ADDRESS			
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
F. Amount Now Owing (\$)							
G. High Credit (\$)							

ITEM	46. SUPPLIER 3				47. SUPPLIER 4		
A. Name of Supplier							
B. Contact Person							
C. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION	
D. Fax	AREA CODE	NUMBER		AREA CODE	NUMBER		
E. Address	STREET ADDRESS			STREET ADDRESS			
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
F. Amount Now Owing (\$)							
G. High Credit (\$)							

SECTION VII - CONSTRUCTION/SERVICE CONTRACTS INFORMATION (Public Buildings Service Contracts Only)**CONTRACTS IN FORCE**

ITEM	48. CONTRACT 1				49. CONTRACT 2		
A. Location							
B. Owner's Name							
C. Address	STREET ADDRESS			STREET ADDRESS			
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
D. Type of Work							
E. Contract Amount (\$)							
F. Percent Completed							
G. Estimated Completion Date							

ITEM	50. CONTRACT 3				51. CONTRACT 4		
A. Location							
B. Owner's Name							
C. Address	STREET ADDRESS			STREET ADDRESS			
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
D. Type of Work							
E. Contract Amount (\$)							
F. Percent Completed							
G. Estimated Completion Date							

ITEM	52. CONTRACT 5			53. CONTRACT 6		
A. Location						
B. Owner's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Type of Work						
E. Contract Amount (\$)						
F. Percent Completed						
G. Estimated Completion Date						
ITEM	54. CONTRACT 7			55. CONTRACT 8		
A. Location						
B. Owner's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Type of Work						
E. Contract Amount (\$)						
F. Percent Completed						
G. Estimated Completion Date						
LARGEST JOBS YOU HAVE COMPLETED IN THE LAST FIVE YEARS						
ITEM	56. JOB 1			57. JOB 2		
A. Location	FEMA Emmitsburg			Humphreys Eng CRT		
B. Contact's Name	(b) (6)			(b) (6)		
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION
	(b) (6)	(b) (6)	(b) (6)	703	428.9172	
E. Type of Work	Install New Burn Cells/Electrical/Framing/Lighting			Install Raise Flooring in IWR Classrooms		
F. Contract Amount (\$)	(b) (4)			(b) (6)		
G. Amount Sublet (\$)	(b) (4)			(b) (6)		
ITEM	58. JOB 3			59. JOB 4		
A. Location	ATF NCETR			ATF		
B. Contact's Name	(b) (6)			(b) (6)		
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION
	202	648.9120		202	648.9015	
E. Type of Work	Custom Test Fabrication Phase III SRQL onsite support			Installing monitors TV and Video kits & Associated wiring.		
F. Contract Amount (\$)	(b) (6)			(b) (6)		
G. Amount Sublet (\$)	(b) (6)			(b) (6)		
ITEM	60. JOB 5			61. JOB 6		
A. Location	Quantico Virginia					
B. Contact's Name	(b) (6)					
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION
	(b) (6)	(b) (6)	(b) (6)			
E. Type of Work	Replace PL 15 lights					
F. Contract Amount (\$)	(b) (6)					
G. Amount Sublet (\$)	(b) (6)					

LIST COMPANIES FROM WHOM YOU OBTAIN SURETY BONDS

ITEM	62. SURETY COMPANY 1				63. SURETY COMPANY 2			
A. Company Name	East Coast Surety Solutions, LLC							
B. Contact's Name	(b) (6)							
C. Telephone	AREA CODE 757	NUMBER 448.5070	EXTENSION		AREA CODE	NUMBER	EXTENSION	
D. Fax	AREA CODE 757	NUMBER 940.9129			AREA CODE	NUMBER		
E. Address	STREET ADDRESS (b) (6)				STREET ADDRESS			
	CITY (b) (6)	STATE (b)	ZIP CODE (b)		CITY	STATE	ZIP CODE	
64. PRESENT AMOUNT OF BONDING COVERAGE (\$)	8 mil				65. HAS YOUR APPLICATION FOR SURETY BOND EVER BEEN DECLINED? (If Yes, please provide detailed information in Remarks) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
					66. DURING THE PAST 2 YEARS, HAVE YOU BEEN CHARGED WITH A FAILURE TO MEET THE CLAIMS OF YOUR SUBCONTRACTORS OR SUPPLIERS? (If Yes, please provide detailed information in Remarks) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

SECTION VIII - REMARKS

REMARKS (Cite those sections of the form relating to your remarks. If additional space is required, attach additional sheet(s).)

CERTIFICATION

For the purpose of establishing financial responsibility with, or procuring credit from the General Services Administration, we furnish the above as a true and correct statement of our financial condition and further certify that all other statements are true and correct. There has been no material change in the applicant's financial condition since the date of the above statement. We agree to notify you immediately in writing of any materially unfavorable change in our financial condition. In the absence of such notice or of a new and full financial statement, this is to be considered as a continuing statement.

NAME OF BUSINESS

BY (Signature)

(b) (6)

NAME OF AUTHORIZED OFFICIAL (Type or print)

September Blue

TITLE OF AUTHORIZED OFFICIAL (Type or print)

President

DATE

07/23/2020